Operations Report

CANCER CARE ONTARIO · CANCER CARE ONTARIO ·

President's Message

Since the government first announced the creation of Cancer Care Ontario in 1997 to build a new coordinated cancer system, we have been working together with cancer service providers throughout the province to fulfill our mandate to coordinate, integrate and deliver cancer services for the people of Ontario.

As the government's principal adviser on cancer issues, it is Cancer Care Ontario's role to bring together all of Ontario's partners in cancer control to focus on the needs of people with cancer or at risk of being affected by cancer, to improve their health outcomes and their overall satisfaction with the cancer control system. CCO's regional bodies (called CCORs) were formed to establish and maintain the regional partnerships that are so vital to the success of CCO.

Each of CCO's eight regional councils is composed of approximately 25 volunteer members, including health professionals, community agency representatives, and patients and their families. Regional networks include broad representation from specialty areas such as radiation, surgical oncology, systemic treatment, supportive care, prevention and education. The networks bring together agencies and organizations to improve the coordination of patient care, and to help patients and families learn about and obtain access to services when and where they are needed. CCOR councils and their networks work together to identify local needs, establish priorities, and determine what needs to be done to improve or enhance cancer services in their regions. The CCOR councils report to the board of CCO, which in turn provides advice and recommendations to the Ministry of Health and Long-Term Care.

Through this unique structure, providers of cancer care can avoid duplication of services, identify and fill service gaps, better organize and integrate cancer care, and ensure that patients receive high-quality care based on the latest available evidence.

When one considers that much of the work has been done by volunteers, the achievements set out in this report are truly remarkable. Sustained effort and support for CCORs will ensure continuing evolution of the cancer system into a fully integrated system to the benefit of all Ontarians.

Kenneth H. Shumak, M.D., President and CEO

Cancer Care Ontario

Regions, CCOR Chairs & Cancer Centres

Eastern	Paul Hindo	Ottawa Regional Cancer Centre
Central East	Donald Lenz	Toronto - Sunnybrook Regional Cancer Centre
Central West	John Spears	Hamilton Regional Cancer Centre
Northeast	Gerry Lougheed Jr.	Northeastern Ontario Regional Cancer Centre
Northwest	Sally Laine	Northwestern Ontario Regional Cancer Centre
South	Jane Boyd	Windsor Regional Cancer Centre
Southeast	Helen Cooper	Kingston Regional Cancer Centre
Southwest	John Kime	London Regional Cancer Centre

Introduction

This report summarizes achievements in the cancer control system made possible through the eight Cancer Care Ontario regional councils (CCORs). It covers the period corresponding to Cancer Care Ontario's first strategic plan, developed following the inception of Cancer Care Ontario in 1997 and leading it through to March 2000.

CCO's first strategic plan was built on the vision to lessen the growing burden of cancer in Ontario by ensuring that all residents have timely, equitable access to an integrated system of excellent, coordinated and efficient programs in prevention, early detection, treatment, education and research.

Five goals directed the first strategic plan. These were:

- Systems Management: To ensure the effective planning, organization, management and delivery of cancer control services;
- Service Delivery: To improve access of individuals to the cancer system, to expedite movement of patients through the system and to ensure quality of services available to patients;
- Improved Outcomes: To improve the outcomes of individuals with cancer through research, evidence-based care and supportive care;
- Prevention and Screening: To reduce the incidence and mortality of cancer in Ontario through cancer prevention and screening;
- Education: To improve access to and use of information and knowledge about cancer by the public, patients and caregivers.

Cancer Care Ontario is the provincial government's principal adviser on cancer issues and is responsible for the long-term planning of all aspects of the cancer care system. The organization sets direction, provides leadership, establishes standards for care and monitors their use to ensure that patients across the province receive the same high quality of care regardless of where they live. CCO also manages eight regional cancer treatment centres (with three new ones in development), the Ontario Breast Screening Program, the Ontario Cancer Genetics Network and the Ontario Cancer Registry.

The majority of cancer control services in Ontario are provided by organizations that are legally structured and financially supported outside of Cancer Care Ontario. Therefore, successful collaboration with many stakeholders is critical to CCO's ability to fulfill its mandate. The eight Cancer Care Ontario regional councils are the mechanism through which this is made possible.

Introduction

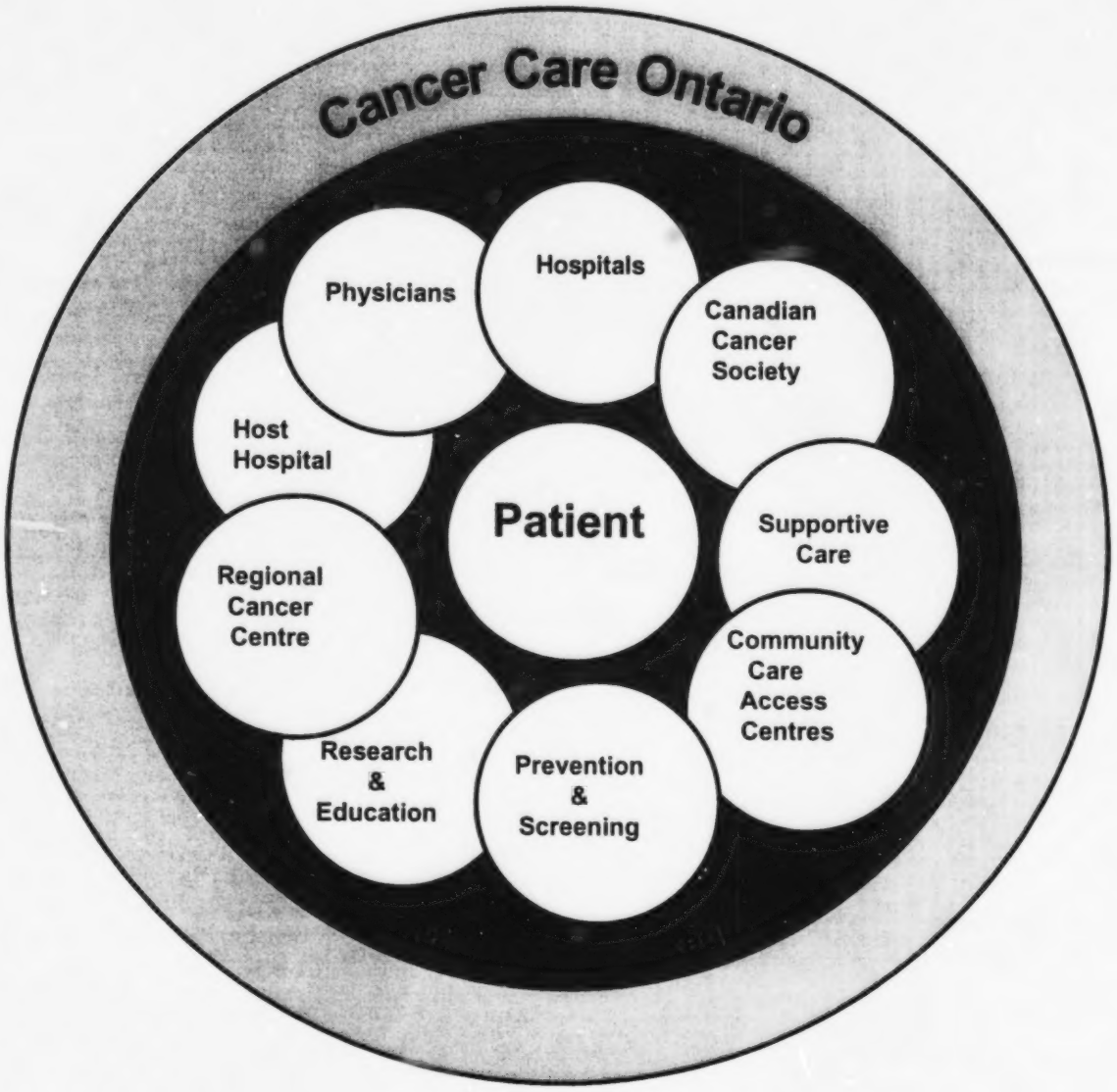
To date, the CCOR councils have signed more than 200 affiliation agreements with other cancer service providers, including 85% of hospitals with cancer programs and 90% of community care access centres. By working together through CCORs, these providers can avoid duplication of services, identify and fill service gaps, better organize and integrate cancer care, and ensure that patients receive high-quality care based on the latest available evidence. CCORs are the mechanism through which partners in the cancer control system have the means to share and analyze data, to forecast and identify issues and opportunities, to agree on solutions, and to develop and implement plans.

CCO's first strategic plan set the following objectives to be fulfilled by CCORs in the first two years of their existence:

- Establish CCOR councils;
- Establish and operate regional networks in prevention, treatment and supportive care, as set out in the provincial framework;
- Establish and operate multidisciplinary teams;
- Progress in developing regional information systems;
- Establish regional priorities and operating plans;
- Begin CCOR-directed system realignment to meet regional priorities.

As the end of the period covered by this strategic plan approaches, it is now time to reflect on the achievements resulting from the cooperation of many different partners in Ontario's cancer control system.

"The vision of Cancer Care Ontario is to lessen the growing burden of cancer in Ontario by ensuring that all Ontario residents have timely equitable access to an integrated system of excellent, coordinated and efficient programs in prevention, early detection, care, education and research."


Cancer Care Ontario
Physicians
Hospitals
Canadian Cancer Society
Host Hospital
Patient
Supportive Care
Regional Cancer Centre
Community Care Access Centres
Research & Education
Prevention & Screening

Strategic Goal 1

Systems Management

The systems management goal is to ensure the effective planning, organization, management and delivery of cancer control services through the development of a governance structure that promotes the establishment of provincial standards and regional partnerships, and the development of the knowledge required to ensure the optimal use of resources.

In this start-up phase, the success of the CCORs in reaching this goal can be measured by the willingness of service providers to participate by signing affiliation agreements. CCOR councils should include a number of community representatives, and a representative cross-section of stakeholders. The councils must be aware of the strategic direction of CCO, and their plans and activities must support that direction.

Representation on CCOR Councils

Representatives	E	CE	CW	NE	NW	S	SE	SW
Aboriginal			1	1	1			1
Academic	2	3	1		1	1	1	
CCAC/Hospice/Public Health	4	4	1	1	2	1	1	1
Canadian Cancer Society	1	1	1	1	1	1	1	1
Community	7	9	5	8	5	9	8	4
District Health Councils	1	1	1	1	1	1	1	2
Family Physicians & Specialists	2	1	1	3	2	1	1	1
Host & Community Hospitals	7	1	9	6	2	3	5	5
Network Coordinators	7	8	6	6	6	5	6	9
Regional Cancer Centre	2	3	1	1	2		1	2

Number of Affiliation Agreements Signed

Cancer Care Providers	E	CE	CW	NE	NW	S	SE	SW
Academic/Health Science			1	1	7			
Canadian Cancer Society	4	1	1	1	1	1	4	1
CCACs	2	2	7	7	2	1	2	8
District Health Councils				2	2	1	1	
Hospitals	12	21	9	23	16	3	10	8
Public Health Units				5	2		4	5
Other Providers/Work Places	1	2	1	10	42	9	20	7
TOTAL:	19	26	19	49	72	15	41	29

CCORs have improved management of Ontario's cancer control system by:

Province-wide

Implementing the basic infrastructure of CCOR councils and regional provider networks that enable the many disparate stakeholders to come together to identify needs and to act on opportunities to enhance access to, and quality and coordination of services for patients, their families and the public.

Adapting CCOR structures to the unique environments and needs of their regions. For example, some regions have established nodes, district advisory committees and specialized networks.

Enabling the first step in regional planning to be completed. In the summer and fall of 1999, CCOR councils served as the focal point for coordinating regional reviews and gathering input for the development of CCO's strategic plan. The next step will be to work through the CCOR councils in preparing the first three-year business plan for the cancer control system.

Completing studies that provide the groundwork for planning across the province, for example:

- CCOR-CE produced a report on the Deployment and Coordination of Radiation Services, which provided valuable background for the development of the new Grand River Regional Cancer Centre in CCOR-CW;
- CCOR-NE completing a comprehensive needs assessment that will act as a template for planning in other CCORs;
- CCOR-SE developed a model for collecting tumour staging information that supports knowledge management and surveillance strategies; this model will be tested for provincial applicability.

Eastern

Establishing seven nodes in the region to provide full Eastern Ontario representation on CCOR-E council and provider networks. Each node communicates and coordinates network and cancer care activities in its geographic area within the region. This provides a greater degree of integration of care than would otherwise be possible.

Central East

Establishing a comprehensive laboratory medicine network and an information systems network. The laboratory medicine network, which is affiliated with several area hospitals, enhances the planning and delivery of laboratory services across the region. The information systems network facilitates the sharing of information among all partners in Central East region.

Central West

Establishing a regional pediatric sarcoma network to facilitate referral for specialty surgery services, resulting in the highest level of care for affected children.

Establishing a primary care network to integrate community cancer services with family physicians, resulting in improved continuity of cancer care.

Northeast

Establishing five multiagency district advisory committees to direct and facilitate comprehensive planning at the community level in a region that is geographically dispersed.

Completing a comprehensive district-by-district cancer needs assessment that identified service gaps, areas for enhancement and required resources.

Northwest

Developing the information system that will enable the regional affiliates to communicate together and provide the best patient care by:

- Installing Pentium computers in all regional hospitals to ensure that the equipment needed to communicate is available.
- Providing links to the Oncology Patient Information System for all affiliated regional hospitals.
- Investigating videoconferencing consultations in the region as a way of providing patient care as close to home as possible.
- Ensuring electronic access for regional affiliates via the regional extranet.
- Creating network-specific Web sites with address lists to facilitate communication between similar service providers and the sharing of information such as educational presentations.

South

Launching a cancer service inventory model. This project will ensure that all cancer patients and their families are aware of and able to access all related services in a timely manner.

Southeast

Establishing area networks in prevention and screening, and supportive care. The networks minimize duplication of efforts and maximize effectiveness by establishing partnerships among providers of these services. Members of the area networks cooperatively develop and execute plans to improve services to the patient population and the public at large.

Southwest

Establishing a pain and symptom management network and spiritual care network, under the umbrella of the regional supportive care network, to give focus and attention to these areas.

Strategic Goal 2

Service Delivery

The service delivery goal is to improve access of individuals to the cancer system by facilitating the movement of patients through the various components of the system—while ensuring the quality of services available to patients—through the regional coordination of services and the maintenance of contemporary systems of diagnosis, treatment and supportive care.

The establishment of treatment networks, rounds and regional multidisciplinary teams is an indicator of the success achieved by the CCORs. The identification of deficiencies in treatment services, and the integration of surgical oncology also reflect on the ability of CCOR councils and their networks to improve cancer care services.

Establishment of Treatment Networks and Rounds

	E	CE	CW	NE	NW	S	SE	SW
Tumour Boards Established as Result of CCOR Initiatives?	●	●	●		●		●	●
Rounds Established as Result of CCOR Initiatives?	●	●	●	●	●		●	●
New Medical Education Programs Established as Result of CCOR Initiatives?	●	●	●	●	●	●	●	●
Appointment of Surgical Oncologists at RCCs?	●	●	●		●			●

Multidisciplinary Clinics in the Region

Disease Sites	E	CE	CW	NE	NW	S	SE	SW
Head & Neck	●	●	●	●	●		●	●
Gynecological	●	●	●	●			●	●
Lung	●	●	●	●	●			●
Urology	●	●	●	●				
Breast	●	●	●	●	●			
GI	●	●	●					●
Neurological		●	●					●
Hematology		●	●	●				●
Sarcoma			●					●
Thoracic	●	●						
Colon	●	●						
Palliative		●						
Skin		●						
Thyroid								●

Each region improved service delivery by:

Eastern

Establishing the multidisciplinary Renfrew Oncology Satellite Clinic with the involvement of the local surgeon, and an ORCC medical oncologist and radiation oncologist. This provides professional interdisciplinary interactions at the local level to ensure timely and appropriate referrals of patients to the oncology specialists, and provides educational tumour boards at the local level.

Establishing community chemotherapy clinics for:

- Improving access to low acuity chemotherapy and improving adherence to CCO standards;
- Promoting community involvement in supportive care through primary care physicians who are responsible for the administration and management of adverse effects of chemotherapy;
- Developing computer linkages to CCO's Oncology Patient Information System for all community oncology clinics.

Central East

Developing the first multidisciplinary hepatobiliary clinic in Ontario. This clinic is designed to care for patients with hepatobiliary malignancies such as cancer of the pancreas, gallbladder, liver and bile ducts. Surgical oncology, radiation oncology and medical oncology all are represented for efficient consultation and treatment planning. Patients are able to see professionals from the relevant disciplines to plan treatment, help with complications and deal with recurrences in a coordinated efficient fashion, with minimal delay.

Central West

Implementing multidisciplinary clinics to integrate specialty services and improve patient care for the following disease sites: head and neck, gynecology, lung, urology, breast, gastrointestinal, neurology, hematology and sarcoma.

Northeast

Developing extensive chemotherapy networks incorporating 22 locations, all with linkages to the regional cancer centre.

Obtaining approval from the Minister of Health and Long-Term Care to establish radiation treatment services in Sault St. Marie to enable patients in Algoma District to be treated closer to home.

Forging a strategic alliance with the Society of Northeastern Ontario Pathologists to improve the quality and timeliness of pathological reporting of cancer cases.

Northwest

Fully implementing community cancer care programs in 13 locations across the Northwest. These sites are electronically linked to the Northwestern Ontario Regional Cancer Centre and have infrastructure to deliver chemotherapy closer to home.

Designing and implementing Community Action Teams (CATs) in locations where the community cancer care program is established. Multidisciplinary patient rounds carried out by CATs will ensure integration of care, access to regional expertise and assistance in navigating the cancer care system.

South

Planning initial steps for the set-up of a pediatric satellite clinic in Essex County. This clinic will significantly reduce the travel and anxiety of children and their families by maintaining treatment programs within their own communities.

Southeast

Expanding remote access to the Oncology Patient Information System from community clinics, palliative care physicians, obstetrical/gynecological surgeons, head-and-neck surgeons, and host hospitals. This allows access to patient information by other health care professionals who are providing care to oncology patients in the region.

Southwest

Establishing capability for regional access to CCO's Oncology Patient Information System. This allows regional chemotherapy units timely electronic access to up-to-date patient information.

Establishing rapid response radiation service for palliative patients, ensuring immediate access to patients urgently requiring radiation treatment.

Strategic Goal 3

Improved Outcomes

The improved outcomes goal is to improve the outcomes of individuals with cancer through the production and dissemination of guidelines for cancer control that are based on sound evidence, and through the development of new approaches to improve the quality of life of people with cancer.

Several success indicators can reflect CCOR performance in reaching this goal. The development of care maps, the establishment of multidisciplinary clinics, and the effective distribution of evidence-based guidelines reflect the standardization and integration of cancer care services.

Disease Types and Specific Aspect of Care Defined by Care Maps

Disease Sites	E	CE	CW	NE	NW	S	SE	SW
Sites								
Breast	●	●	●					
GI	●		●					
Prostate	●					●		
Bone Marrow	●							●
Future Sites								
Breast			●	●				
Lung			●	●		●		
Prostate			●	●				
Colorectal		●	●	●		●		
Gynecological								●
Head & Neck						●		

In addition to a care map specific to prostate, CCOR South has developed non site specific maps for: Proximal Deep Vein Thrombosis; Lymphedema; and Hypercalcemia. CCOR NE has care map for Stem Cell treatment.

Distribution of the 12 Evidence-Based Guidelines

	E	CE	CW	NE	NW	S	SE	SW
Have CCO Guidelines been Distributed in your Region?	●	●	●	●	●	●	●	●
Number of Guidelines Distributed?	6	12	12	12	12	10		12
Mechanisms for Distribution?	mail consult nwsltr educ sessions	www nwsltr conf	mail www	mail	www telecon	mail consult pt info	mail	www

Each region promoted research and the use of guidelines to improve outcomes by:

Eastern

Developing a nurse navigator model to facilitate the patient's movement through the cancer care system.

Developing, through Ottawa Regional Cancer Centre's Community Oncology Program, clinical pathways for the delivery of chemotherapy in community clinics. The pathway includes assessment of supportive care needs, management of adverse effects, and a process for the transfer of care between community sites and Ottawa Regional Cancer Centre. This provides for better consistency and standards of patient care throughout the region and will ensure higher quality of care for patients.

Incorporating the Cancer Care Ontario Practice Guidelines Initiative – Lung Cancer Practice Guidelines into the patient care clinical pathway for lung cancer, and using it as a teaching aid for community care providers. This will promote improved standards of care and access to current best practice for patients in the region.

Central East

Organizing a workshop on research methods in palliative radiation oncology, which resulted in a report published in the journal Current Oncology. Toronto-Sunnybrook Regional Cancer Centre and Princess Margaret Hospital collaborated to organize the workshop.

Establishing a multidisciplinary bone metastases clinic, the first one of its kind in Canada to provide a coordinated, multidisciplinary approach to the care of patients with bone metastases. The clinic is the result of collaboration between the Rapid Response Radiotherapy Program at Toronto-Sunnybrook Regional Cancer Centre, and the orthopedics division at Sunnybrook and Women's College Health Sciences Centre.

Central West

Developing breast and gastrointestinal cancer care maps to improve patient care.

Northeast

Creating a Chair in cancer research at Laurentian University to lead tumour biology research at the cancer centre, organize a PhD program and continue efforts to establish a molecular pathology program for Northeastern Ontario. The Ontario Research and Development Challenge Fund will invest $1.5-million, while Hôpital regional de Sudbury Regional Hospital and 19 local businesses will contribute $3.2-million.

Northwest

Introducing and encouraging adherence to guidelines through discussion during regular teleconferences with family physicians in the region. Electronic access of these guidelines for health professionals is facilitated by links on the Northwestern Ontario Regional Cancer Centre Web site.

South

Developing an inventory of occupational and environmental cancer research in Ontario and hosting the first CCO-sponsored Occupational and Environmental Cancer Research Workshop, to be held in May 2000. Sound research data will enhance our preventive oncology program.

Establishing a research affiliation between CCO South Region and the Karmonos Cancer Centre Protease Research Program. This affiliation will significantly enhance the effectiveness of our research activities, and enhance the preventive oncology program.

Southeast

Researching the outcomes that arise from different radiation fractionation treatment practices to develop guidelines that promote optimal use of resources.

Developing relationships among basic cancer research laboratories, the Radiation Oncology Research Unit and the National Cancer Institute of Canada to enhance cancer research conducted by all groups.

Southwest

Establishing partnerships with research institutions in London including London Health Sciences Centre, Lawson Research Institute, Child's Health Research Institute, University of Western Ontario, and London Regional Cancer Centre to strengthen collaborative efforts among researchers.

Establishing partnerships with cancer awareness and fundraising institutions in London and region—currently with the Canadian Cancer Society and the Breast Cancer Society of Canada—to build the funding base available and promote cancer research in the region.

Developing partnerships with national and international agencies and corporations, such as the Medical Research Council of Canada, Imperial Oil Canada, Astra-Zeneca, ISIS Pharmaceuticals and the European Economic Community to promote research in innovative therapies, training, and the formation of research consortia.

Strategic Goal 4

Education

The education goal is to improve the knowledge of the Ontario public and of professionals as to the causes, manifestations and treatments of cancer, through the development of new approaches to public and professional education about cancer, and through coordination of the cancer education services of various agencies.

The establishment of an education program and the partnerships with regional stakeholders demonstrate the success of CCORs in reaching this goal. Their success is further evidenced by educational initiatives for patients, the public and health professionals to improve their knowledge about the manifestations of cancer.

Education Initiatives

	E	CE	CW	NE	NW	S	SE	SW
Appointment of Regional Education Coordinator?	●		●		●	●		●
Has a Collaborative Education Program been Established?	●	●	●		●	●		●

Educational Accomplishments

Target Audience	E	CE	CW	NE	NW	S	SE	SW
Patients								
Information Materials	●	●	●	●	●	●	●	●
Educational Sessions	●	●		●	●			●
Public								
Newsletter	●			●	●		●	●
Non-smoking Efforts	●	●		●	●			
Forums & Conferences		●	●	●	●	●	●	●
Electronic Inventory Template		●				●		
Professionals								
Newsletter	●	●	●					●
Continuing Medical Education	●	●	●	●	●		●	●
Conferences & Workshops		●	●	●	●		●	●
SCOPE*								●

* Supportive Care in Oncology: Partnerships in Education (SCOPE)

Each region improved knowledge by:

Eastern

Publishing information sheets for some common tumours, summarizing stage, prognosis and treatment options. The sheets accompany oncologists' consultation notes to primary care physicians, providing more complete information to help them care for their patients.

Developing a course in palliative care for care providers. This benefits both caregivers and patients by providing caregivers with a better understanding of patients' needs. Approximately 100 care providers from the Renfrew/Pembroke area received palliative care training through the Renfrew/Pembroke CCOR node, and another 100 care providers from across the region attended four weekends of courses that were coordinated with expert resources from the University of Ottawa's Palliative Care Institute.

Training approximately 85 care providers in cancer diagnosis and treatment, through the Winchester/Kemptville CCOR node.

Central East

Providing ongoing education to both the public and professionals through:

- Print materials: Community Cancer Resource Guide is distributed to patients, families, caregivers and professionals; Oncology Exchange is a newsletter for referring physicians in Central East region; Hot Spot is a newsletter developed collaboratively by Toronto-Sunnybrook Regional Cancer Centre and Princess Margaret Hospital to increase knowledge and awareness of various initiatives in palliative radiotherapy (collaborative clinical trials, workshops, monthly educational rounds).

- Events: One example is the Cancer Information Series, a yearly series of lectures on cancer-related topics for patients, family members and community health care providers. Approximately 300 to 400 people attend each lecture.

Central West

Publishing Cancer Centre Update newsletter, which is circulated twice each year to all family physicians in Central West region, and the quarterly patient newsletter, Between Us. These newsletters are used as a vehicle to share information about current treatments, side-effects and coping strategies.

Hosting the public forum, Nutrition for the Cancer Patient. The forum dealt with topics such as healthy eating, nutritional supplements and nutrition-related side-effects for patients and their families or caregivers.

Developing a chemotherapy certification program for community oncology nurses. The program outlines the scope and content of knowledge and skill necessary for the safe administration of chemotherapy by registered nurses.

Developing educational initiatives with McMaster University's Department of Family Medicine to involve family medicine residents in oncology and palliative care electives at the regional cancer centre.

Coordinating an International Prostate Cancer Conference for health professionals, held in Hamilton in November of 1998. The conference provided an opportunity for exchange of ideas about treatment of prostate cancer.

Northeast

Hosting conferences for community providers, for example:

- The Community to Community Oncology Conference, held in Sudbury, provided an opportunity to exchange information and ideas about community oncology networks across Manitoba and Ontario;

- An interactive conference on clinical issues relevant to the delivery of chemotherapy as close to home as possible, identified areas for improvement in the delivery model and, through dialogue, enhanced existing relationships with community partners.

Northwest

Producing a patient orientation CD-ROM, a patient orientation booklet, and a directory of community resources.

Presenting and discussing guidelines at regional doctors' teleconference rounds, before posting them on the regional Extranet; and providing other educational presentations at rounds.

Training community volunteers to assist patients in locating health information on the Internet.

South

Creating a template for a regional electronic cancer education inventory, to accompany the electronic inventory of cancer services.

Southeast

Endorsing a one-year family practitioner fellowship in oncology, allowing family physicians to undertake additional oncology training at the regional cancer centre. This training will equip them with additional skills to better serve their oncology patient population. Realization of this initiative is predicated upon receiving funding support.

Southwest

Co-hosting conferences and other educational events to raise the knowledge level of community providers, e.g., Meeting the Needs of Cancer Patients in Their Homes, attended by 110 community nurses, and a Palliative Care Conference.

Developing and providing training opportunities for community providers, such as chemotherapy certification for nurses in eight community clinics, and the Supportive Care in Oncology: Partnerships in Education (SCOPE) program, which has admitted six fellows to develop pain-and-symptom management expertise in the region.

Strategic Goal 5

Prevention & Screening

The prevention and screening goal is to reduce both the incidence and mortality of cancer in Ontario through more effective use of existing knowledge, and the development of new knowledge related to cancer prevention and early detection.

The increase in the number of affiliates with the Ontario Breast Screening Program, and the coordination of community-based prevention and screening initiatives indicate the success of the CCORs. Accomplishments and future regional plans reflect on the ability of the networks to apply the CCO strategy in their regions.

Ontario Breast Screening Program Affiliated Sites

Each region enhanced prevention and screening programs by:

Province-wide

Supporting the Ontario Breast Screening Program in signing additional mammography providers as affiliates in each region. By doubling the total number of sites across the province from 28 to 56, over the period from the fall of 1997 to March 2000, many more Ontario women in the target age group of 50–69 have access to mammography services that are proven to meet quality standards.

Eastern

Lobbying for bylaws against environmental tobacco smoke in local municipalities.

Training community volunteers to make presentations on breast cancer screening. This enhances development of the system and provides local connections and information sources for patients.

Distributing cervical screening recommendations and follow-up information by mail to all primary care physicians in Eastern Ontario to inform them of current practice guidelines and improve consistency of care for patients.

Central East

Distributing cervical screening recommendations to all family physicians in Central East region to establish a more comprehensive approach to cervical screening.

Participating in the establishment of the Toronto Cancer Prevention Coalition, whose goal is to reduce cancer incidence by creating a high-profile and effective multistakeholder coalition that advocates for prevention policy, education and action at the local government level and beyond, and planning for the Cancer Prevention Policy Conference.

Lobbying for bylaws against environmental tobacco smoke (ETS) in Toronto and in regard to Health Canada's Nutrition Labelling Policy Review.

Central West

Developing the first on-site multidisciplinary assessment clinic at the Ontario Breast Screening Program (OBSP) hub site in Hamilton and implementing this model at other OBSP affiliates in the region. This expedites the diagnostic process for women.

Developing a partnership between Hamilton's OBSP and the Ontario Cancer Genetics Network to allow patient referral to the OBSP multidisciplinary clinic for surveillance, diagnosis and follow-up.

Organizing focus groups with 20 Hamilton family physicians around recommendations and the implementation of guidelines for cervical screening. The focus group information was used to prepare educational material for physicians in the province.

Coordinating a regional breast health network with joint initiatives implemented through public health units and OBSP sites to increase awareness of the importance of breast screening for women 50 years of age and older.

Northeast

Participating in extensive lobbying to strengthen smoking bylaws in the Regional Municipality of Sudbury, and established the Smokers' Health Centre at Northeastern Ontario Regional Cancer Centre.

Developing breast health assessment centres in Sudbury and Sault Ste. Marie to speed the process from screening through detection, diagnosis and treatment.

Conducting the Workplace Carcinoma Task Force with representatives of major regional industries.

Northwest

Developing and submitting a proposal, after extensive public consultation, for a Northwestern Ontario-based Cancer Assessment, Resources and Education Services Unit to the Ministry of Health and Long-Term Care and the Northern Cancer Research Foundation.

South

Producing a teen video on cancer prevention, with plans to distribute to all high schools within the catchment area in early 2000. This video has been produced as an integral part of a comprehensive public relations program to raise the awareness of the benefits of prevention and screening with an important target group.

Participating in a comprehensive lobby program that resulted in the effective implementation of a major non-smoking strategy initiated by the public health unit and directed at the community at large.

Southeast

Establishing a regional network and four area networks, developing an action plan for cancer prevention, and coordinating and identifying information gaps.

Completing a successful sun-safety and screening-for-cancer campaign involving media, school boards and work groups to inform the public of the need for sun protection and to prevent the development of skin cancer.

Southwest

Developing a directional plan for the prevention and early detection network that sets out goals and objectives for the network with the view to coordinating programs and services on a regional basis.

Assessing the need for a coordinated breast assessment process for Southwestern Ontario, which would speed up the process from screening through detection, diagnosis and treatment, and building a model for affiliation with the Ontario Breast Screening Program and local community resources.

Networks

When the provincial government announced the creation of Cancer Care Ontario in 1997, it set out a provincial framework upon which CCORs and their affiliates could plan and implement regional treatment and supportive care networks. CCO is the guideline- and standard-setting component of the provincial cancer system. CCOR councils have been charged with overseeing the regional integration and coordination of cancer services. This will be achieved predominantly by the networks within each CCOR.

In general, the purpose of CCOR treatment and supportive care networks is to provide accessible, integrated, efficient and sensitive multiprofessional/multidisciplinary care throughout the region to people with cancer. The care should be consistent with the optimal standards of care established for the province, be close to home if possible, and enable patients, families and health professionals to navigate through an integrated and coordinated system. Care will be provided for people with cancer in an integrated network of organizations and providers, centres/clinics, and hospitals, specialists, primary care physicians, supportive care workers, etc. As a convenience, the facilities that provide the care will be designated as CCO levels I (IA, IB), II (IIA,IIB) and III facilities. A facility must have an affiliation agreement with the CCOR to be designated as a CCO level I, II or III facility. CCORs determine the locations of facilities in consultation with the region's district health councils and communities, with appropriate consideration of the region's demographics.

The establishment of multidisciplinary tumour boards to discuss treatment recommendations is a long-term objective at all facilities where a significant number of patients with cancer are managed. Disease site groups involving integrated multi-professional/multidisciplinary planning, decision making and care should form the basis for the care of all patients with cancer.

Appropriate supportive care services need to be available to all patients and be integrated with the treatment teams at all facilities. These services may not necessarily reside within the treatment facility but might come from the integrated supportive care network for the region.

Networks

Radiation Treatment

The purpose of the radiation treatment network is to promote the early integration of radiation oncology expertise into the management of malignant disease for any patient in the region. This will involve radiation oncologists working collaboratively with other care providers.

A multidisciplinary approach, demonstrated by the integration and participation of radiation oncology professionals in the coordination of cancer care services, indicates the success of the networks in reaching this goal.

Radiation Oncology Representation on RCC Multidisciplinary Disease Site Groups

Disease Site Groups	E	CE	CW	NE	NW	S	SE	SW
Lung	●	●	●		●			●
Head & Neck	●	●	●	●	●		●	●
Gastrointestinal	●	●	●				●	●
Breast	●	●	●	●	●		●	●
Genito/Urinary	●	●	●	●			●	●
Immunology/Skin	●	●	●				●	●
Sarcoma		●	●					●
Pediatrics		●	●					●
Mycosis			●					●
Gynecology	●	●	●				●	●
Central Nervous System	●	●	●	●				●
Lymphoma	●	●						●
Pain & Symptom Management		●						●
Hematological		●	●					●
Palliative		●						

Each radiation treatment network improved the quality of and access to service delivery by:

Eastern Dr. Andre Girard, Network Coordinator

Establishing a pilot project for consultation services with the Renfrew Victoria Hospital, arranging cancer centre radiation visits from the Renfrew site, and training nurses at the cancer centre to provide patient education in radiation therapy. This will facilitate the treatment process for patients and will provide local support for those patients who may experience treatment side-effects.

Establishing a rapid palliative radiation therapy service for Eastern Ontario to provide consultation, simulation and palliative treatment during a single patient visit. This will reduce the wait for treatment for palliative patients and provide pain management alternatives.

Central East Dr. Bernard Cummings, Network Coordinator

Preparing and submitting a Report on Deployment and Coordination of Radiation Services to the Ministry of Health and Long-Term Care in June 1999. Thirty-four short- and long-term recommendations were identified to improve availability and coordination of radiation services in Central East region.

Central West Dr. Tony Whitton, Network Coordinator

Arranging for Hamilton Regional Cancer Centre radiation oncologists to work in community oncology clinics in Cambridge, St. Catharines and Brantford, which allows new patient consultation and follow-up visits closer to home.

Northeast Dr. Rajiv Samant, Network Coordinator

Participating in the development of a plan for capital expansion of radiation treatment, chemotherapy suite and research space at Northeastern Ontario Regional Cancer Centre to ensure the Centre could continue to meet the demands of the projected workload until 2009.

Participating in the development of a proposal for a satellite treatment unit in Sault Ste. Marie, which was subsequently approved and funded by the Ministry of Health and Long-Term Care. A satellite bunker will ensure the residents of Northern Ontario receive cancer treatment closer to home.

Northwest Dr. Sunil Gulavita, Network Coordinator

Recruiting a medical physicist, additional radiation therapists and a locum radiation oncologist, to treat 180 re-referral patients from Southern Ontario, the second largest group of patient referrals to an alternate site. Community partners are helping to minimize disruption of care for our local patients and are assisting with the orientation of arriving re-referral patients.

South Dr. Catherine de Metz, Network Coordinator

Implementing real-time evaluation and optimization of the radiation treatment queue, which will ensure the most effective and efficient utilization of resources, resulting in improved care.

Enabling limited licensing of a U.S. radiation oncologist at Windsor Regional Cancer Centre to facilitate re-referrals.

Southeast Dr. William Mackillop, Network Coordinator

Implementing a regional cancer registry to aid regional decision making in various aspects of radiation treatment. Data analysis will allow optimization of resource use; improvement in access to care (or identification of barriers to care); and further development of standards of practice leading to improved outcomes.

Southwest Dr. Glenn Bauman, Network Coordinator

Establishing a tumour board with an Owen Sound medical oncologist and visiting radiation oncologist to facilitate early identification of patients requiring radiation treatment at London Regional Cancer Centre.

Establishing a rapid response service in late 1998 to enable rapid patient access to palliative radiation treatment. This service is promoted to community medical oncologists and palliative care physicians to avoid unnecessary delays in accessing this much-needed care.

Piloting information sheets to accompany consult notes for family physicians to allow community follow-up of post-discharge patients.

Networks

Supportive Care

The purpose of supportive care networks is to coordinate the delivery of supportive care services for patients and family members for prompt access, to plan for services and address needs across communities, and to ensure the same standards of care no matter where the patient lives.

The participation by regional stakeholders in a multidisciplinary team to integrate services and conduct joint planning to address deficiencies, indicates the success of the supportive care networks. The organization of initiatives, the availability of an inventory of service providers and the existence of future plans also indicate each network's ability to apply the CCO strategic plan in the region.

Supportive Care Network

Members	E	CE	CW	NE	NW	S	SE	SW
Community Groups	●	●	●		●	●	●	●
Palliative Care Providers	●	●	●	●	●	●	●	●
Pain & Symptom Management Teams	●	●	●		●	●	●	●
Aboriginal Representatives					●	●		
Canadian Cancer Society	●	●	●	●	●	●	●	●
Host & Community Hospitals	●	●	●		●	●		●
Spiritual Care Providers		●	●	●	●		●	●
Family Physicians & Specialists	●	●				●	●	●
Psycho Social Service Providers		●	●	●	●		●	●
Associations	●	●	●	●		●		●
CCAC/Nursing Agencies	●	●	●	●	●	●	●	●
District Health Councils	●	●				●		
Is Palliative Care Resource Directory available in Region?	●	●	●		●	●		●

Each supportive care network improved the quality and coordination of service delivery by:

Eastern Jocelyne Contant, Network Coordinator

Developing a consortium of palliative care providers within Ottawa-Carleton to increase the coordination of an integrated approach to palliative care.

Developing a palliative care resource directory for Ottawa-Carleton. This directory will provide patients and caregivers with the necessary information to access appropriate palliative care resources.

Expanding the resource directory to include the entire CCOR–E catchment area. These directories will be distributed in hard copy and will be linked to the CCOR–E Web site.

Developing a regional supportive care directory. A hard copy will be available at the Ottawa Regional Cancer Centre, and an electronic version will be published on the CCOR–E Web site.

Central East Dr. Margaret Fitch, Network Coordinator

Establishing a supportive care area network model. The model divides the network into five areas and identifies leaders to develop the network in each area, thereby enhancing the coordination and delivery of supportive care services in the community.

Central West Vacant, Network Coordinator

Establishing a Joint Hamilton Regional Cancer Centre – Community Care Access Centre committee to address issues around palliative care and access to pain-and-symptom management in the community.

Developing a shared-care model of service delivery, which builds on a system for mental health services within Health Services Organizations (HSOs). The model will be applicable to family physicians within HSOs, primary care reform and fee for service structures to facilitate communication among consultants and service providers in the community.

Northeast Dr. Shawn Steggles, Network Coordinator

Developing a strategic alliance with VON-Algoma to combine pain-and-symptom management programming with supportive care programming in Northeastern Ontario. Integration of the service- delivery model will enhance the patient experience.

Advocating to the Ministry of Health and Long-Term Care Regional Office to harmonize pain-and-symptom management programming, supportive care programming and palliative care education for family physicians.

Northwest Dr. Scott Sellick, Network Coordinator

Establishing the first of twelve community action teams, in Dryden. Once established, these teams will facilitate the development of care maps to ensure integration of supportive care services and facilitate patient movement through the system.

Involving 40 regional participants in the development of a strategic plan to guide the work of network members.

Developing a regional supportive care network newsletter, which is distributed to more than 400 professional and volunteer service providers in the region. The newsletter is a vehicle to share information on the development of the network and on the activities and services of the network members.

South Maureen Reynolds, Network Coordinator

Implementing a telephone directory of cancer supports within the community to ensure and enhance access to services and programs.

Producing and distributing, with multiagency support, a quarterly supportive care newsletter to establish and maintain effective liaison with the community.

Implementing a training program for front-line cancer agency staff to enhance the delivery of key services within the community.

Establishing, in collaboration with local partners, a palliative care program including the hiring of a qualified palliative care physician to expand the effectiveness of this program within the community.

Southeast Jackie Redmond, Network Coordinator

Collaborating with the Queen's University Care Delivery Network in the development of a regional integrated delivery project to investigate the provision of integrated care to cancer patients. The project identified gaps in care and will allow steps to be taken to address these gaps. This collaboration involved multiple health care providers throughout the region.

Southwest Shari Douglas, Network Coordinator

Establishing a pain-and-symptom network comprising five regional pain-and-symptom coordinators and pain-and-symptom nurses from London Regional Cancer Centre's supportive care program to promote education, collaboration and planning among providers.

Attending meetings of the prevention and surgical networks in Southwest region to facilitate communication and collaboration of the networks and to foster joint planning.

Networks

Surgical Oncology

The purpose of the surgical networks is to facilitate the passage of patients through all aspects of cancer care by coordinating a surgical liaison function between the cancer centre, community hospitals, general and specialty surgeons, and family physicians.

The establishment of a division of surgical oncology in each cancer centre reflects the CCORs commitment to the CCO strategic plan to move toward integration of services. The participation by regional stakeholders in multidisciplinary teams and tumour boards is a further indicator of the abilities of the networks to reach this goal.

Establishment of Surgical Oncology Program

	E	CE	CW	NE	NW	S	SE	SW
Has formal division of surgical oncology been established?	●	●	●		●			●
Surgeon been appointed head of regional surgical oncology?	●	●	●	●	2			●
Surgeons with oncology expertise identified to represent disease sites?	●	●	●	●	●	●	●	●
How many surgeons participate in the surgical oncology network?	3	50+	25+	25+	8	15		8
Do surgical oncologists/surgeons participate in:								
Tumour Boards	●	●	●		●	●	●	●
Multidisciplinary Clinics	●	●	●	●	●	●	●	●

Each surgical oncology network improved the quality and coordination of service delivery by:

Eastern Dr. Audley Bodurtha, Network Coordinator

Working with two community hospitals to establish a colposcopy unit for the assessment of PAP smear-detected abnormalities. This service will be used as a planning template for diagnostic assessment units for cervical cancer at Ottawa Hospital.

Central East Dr. David McCready, Network Coordinator

Disseminating the Pancreatic Cancer Surgery Task Force Report to Central East region hospital CEOs and surgeons-in-chief to obtain feedback on the standards of care developed, and to encourage the regionalization of major pancreatic surgery for cancer to improve outcomes.

Organizing a network symposium to build a cooperative surgical oncology network. The network's objectives are to aid in the provision of accessible, high-quality cancer care; establish an information-sharing network; and encourage continuing cancer education activities within the region, including dissemination of CCO guidelines and participation at educational symposia.

Central West Dr. J.E.M. Young, Network Coordinator

Establishing a surgical oncology network to ensure that patients receive necessary surgical services, information and support as close to home as possible. A network infrastructure and surgical oncology capacity was established with the recruitment of a thoracic surgeon, gynecological surgeon and colorectal surgeon practicing in Hamilton.

Coordinating the participation of community surgeons in educational programs and outreach rounds in regional community hospitals.

Developing the first Surgical Oncology Newsletter, which was distributed to all surgeons in Central West region in November 1999. Each newsletter will focus on a different aspect of surgical oncology, including treatment and research.

Developing a Sentinel Node Biopsy Program for melanoma and breast cancer patients in Hamilton and St. Catharines, thereby reducing the extent of surgery required for some patients.

Linking with the provincial ocular network to improve access to specialty services for eye patients in the region.

Northeast Dr. Morley Mossing, Network Coordinator

Holding a regional surgical oncology forum on sentinel node biopsy, outcomes analysis, evidence-based surgery and Internet-based tools to inform surgeons of recent developments in cancer surgery in Ontario.

Northwest Drs. Alan Kirk & Barry Anderson, Network Coordinators

Assessing the surgical strengths and weaknesses within the region, while identifying possible solutions by:

- Compiling and distributing an inventory of regional surgical resources including: surgeons with specific skills and interests, facilities and specific equipment and ancillary support services;
- Identifying the procedures and techniques not available within the region, and referral sites for services not regionally available.

South Vacant, Network Coordinator

Developing and implementing a comprehensive and collaborative prostate brachytherapy program, including a credentialling process for urologist and oncologist participation, to meet community needs through a high-quality program.

Southwest Dr. Richard Inculet, Network Coordinator

Hosting various sessions to promote collaboration and education among surgeons in the region, e.g.:

- A discussion of breast cancer treatment strategies for general and community surgeons to encourage practice in accordance with provincial guidelines;
- A lung cancer update for thoracic surgeons;
- A scientific program in uro-oncology attended by 52 surgeons.

Networks

Systemic Therapy

The purpose of the systemic therapy networks is to coordinate and facilitate delivery of safe and consistent treatment with anticancer agents in CCO-affiliated locations as close to home as possible.

Success indicators for the networks include the participation by regional stakeholders to provide community based services, and their adherence to operating standards. The identification of and planning to address deficiencies in treatment services also reflect on the ability of CCORs and their networks to provide high-quality cancer care services for patients, as close to home as possible.

Number of Facilities by Level

Level of Facility	E	CE	CW	NE	NW	S	SE	SW
Level IA	4	3	4	5			3	5
Level IB	3			18	14	3		
Level IIA		12	3	1	2		2	3
Level IIB		6						
Level III	1	2	1	1	1	1	1	1

Level IA – an ambulatory facility, usually situated in a small community hospital or ambulatory clinic, with no on-site medical oncologist. Provides facilities for consultation and follow-up by visiting oncology consultants.

Level IB – provides facilities for administration of systemic therapy, under the supervision of an oncologist.

Level IIA – situated in a community or urban non-teaching hospital.

Level IIB – situated in an urban teaching hospital.

Level II facilities have full-time on-site systemic therapy specialists, radiation oncology consultation and follow-up services, and surgeons who provide surgical treatment.

Level III Regional Facilities offer tertiary and quaternary services in radiation and systemic treatment and surgical oncology.

The number of Level I and II facilities for a CCOR is determined by CCOR councils based on demographics, distances for patients to travel and resource availability.

Systemic Treatment Network

	E	CE	CW	NE	NW	S	SE	SW
Has RCC signed Memorandum of Agreement with each chemotherapy facility?	●		●	●	●	●	●	●
CCO Affiliation Aggreement Signed with all Regional Hospitals?	100%		100%	100%	100%	100%	100%	100%
Do chemotherapy facilities meet CCO provincial standards?	●	●	●	●	●	●		

Each systemic therapy network improved the quality and coordination of service delivery by:

Eastern Dr. Jean A. Maroun, Network Coordinator

Establishing community chemotherapy clinics, under the direction of CCOR–E, to improve access to low acuity chemotherapy. These clinics operate under the guidance of local health care professionals who have been trained in the administration of chemotherapy and the managing of side effects. Clinical care paths detail operational details including supportive care assessment.

Sharing information on operational issues between affiliated centres. For example, the Renfrew Oncology Unit provided information and support to the hospital in Winchester, which has reduced the amount of time and money required to establish a new community chemotherapy clinic.

Central East Vacant, Network Coordinator

Initiating the development of an inventory of systemic therapy capacity and resources to gain a better understanding of the current system.

Facilitating collaboration among medical oncologists based in the community, in cancer centres and at the University of Toronto in the development and use of treatment guidelines.

Investigating how to develop a best-practice model of chemotherapy delivery for Central East region to optimize care and resource use.

Central West Dr. Andrew Arnold, Network Coordinator

Completing a systemic therapy network report on the costing of systemic therapy to identify methods for optimizing resource allocation and to recommend funding mechanisms.

Northeast Dr. Colin Germond, Network Coordinator

Securing funding to move the autologous stem cell transplantation service from the research phase to a clinical program, thereby making a needed service more accessible for patients in Northern Ontario.

Overseeing the development of 22 community oncology clinics in, the largest such network in Ontario.

Northwest Dr. Dimitrios Vergidis, Network Coordinator

Completing the establishment of community chemotherapy clinics and ensuring the local expertise is available to care for patients as close to home as possible by:

- Identifying 24 family physicians and providing continuing medical education to support their work;
- Identifying and training more than 50 nurses at regional hospitals for drug administration and management of patients receiving chemotherapy;
- Purchasing fume hoods, chemotherapy chairs and pain pumps for all regional treatment facilities;
- Creating the electronic links to facilitate communication between Northwestern Ontario Regional Cancer Centre and the community chemotherapy clinics.

South Dr. Hakam Abu-Zahra, Network Coordinator

Enabling a satellite cancer clinic to be established through the coordination and recommendation of design changes and protocols, as well as assisting with equipment acquisition, training of applicable staff, and communications. The satellite clinic allows patients to access high-quality care closer to home.

Southeast Dr. Wycliffe Lofters, Network Coordinator

Beginning discussions with two community clinics to establish low acuity chemotherapy clinics. Training in chemotherapy administration for nurses at one of the two sites has commenced at the cancer centre. Establishment of low acuity chemotherapy clinics in communities throughout the region will allow patients to be treated closer to home.

Southwest Dr. Anna Tomiak, Network Coordinator

Assuming a leadership role in the development of Cancer Care Ontario standards for oncology nursing practice and oncology pharmacy practice for the delivery of chemotherapy in community hospitals. These standards, once implemented, will ensure equitable quality and safety in chemotherapy delivery.

Hosting a community nursing update workshop, with 100 regional attendees.

Offering pharmacy and chemotherapy refresher courses for appropriate care providers to keep providers up to date on techniques and new developments in systemic therapy.

Summary

What has been accomplished ...

With the close of the two-and-a-half years covered by Cancer Care Ontario's first strategic plan, a strong foundation has been established for engaging all stakeholders in the task of reducing the growing burden of cancer in Ontario.

The leadership and organization mechanisms are in place—affiliation agreements, CCOR councils, regional provider networks, multidisciplinary teams, electronic and paper-based communications. The creation and sharing of knowledge across the cancer system has been accelerated; examples include evidence-based guidelines, pancreatic surgery recommendations, sentinel node biopsy techniques, service inventories and directories, and standards for oncology nursing practice and pharmacy practice.

Partners have been stimulated to explore joint approaches to oncology planning and service delivery. Collaborative projects have been successfully completed, thereby modelling ways in which diverse providers can work together to improve access to services, expedite movement through the continuum of services, raise the quality of care and optimize use of resources. The outcome of some of these projects has included:

- Creation of community chemotherapy clinics closer to home for patients across Northern and Eastern Ontario;
- Recommendations for coordinating and deploying radiation services across the Central East region;
- Earlier integration of radiation oncology into the management of malignant disease;
- Programs to coordinate palliative care and pain-and-symptom management;
- Community-based awareness and lobbying campaigns to promote cancer prevention.

What lies ahead ...

With input from CCOR councils and stakeholders at large, CCO has produced its next strategic plan. Four central themes emerged from this consultation, i.e., the need for:

- Improved outcomes and satisfaction for patients and the public;
- Collaboration and community involvement;
- Information systems to enable improved outcomes, satisfaction and collaboration;
- Human resource planning, recruitment and retention.

The next stage for CCORs will support these strategic needs and build on the successes gained in the first two-and-a-half years. With particular focus on improving outcomes and satisfaction, the next stage will emphasize:

- Development of regional planning tools, information systems and analytical capabilities to identify needs and permit joint problem solving and planning;
- More systematic approaches to creating and sharing knowledge, best practices and innovations both within regions and across the province;
- Further development and strengthening of region-specific organizational structures to enable collaboration and integration.